

## NASA GLENN RESEARCH CENTER FITNESS CENTER

Dear Prospective Fitness Center Member:

Welcome to the Fitness Center at NASA Glenn Research Center, and congratulations on taking a step toward a healthier lifestyle. Prior to beginning an exercise program, it is required that a person undergo medical screening. The purpose of the medical screening is to provide a baseline for the medical and exercise professional to make recommendations concerning your personal exercise program. Enclosed, please find a Health History questionnaire to complete.

Civil servants, contractors and retirees are required to have cholesterol and glucose screening prior to joining the Fitness Center. Civil servants generally have this blood work done as part of their annual physical; the current blood work can be no greater than 1 year old. Contractors and retirees may have the blood work done through Occupational Medicine Services (Building 15) for a cost of \$25.00, payable by cash or check to "Singleton Health Services" at the time of service. Blood will be drawn and sent to Quest Laboratories for total cholesterol, LDL, HDL, VLDL, triglyceride and glucose analysis. **The tests require a 12-14 hour fast and has to be drawn MONDAY, WEDNESDAY, and FRIDAY between 7:00am and 8:30am. No appointment needed.** Results are available in 2 days; at this time a nurse will review the test results.

Upon completion of the packet, the American College of Sports Medicine (ACSM) guidelines for Exercise Testing and Prescription will be used to determine whether a medical examination and/or graded exercise test is necessary prior to participation. You will be notified if further evaluation is required.

Once you have been cleared for participation medically, the Fitness Center staff will contact you to schedule a General Fitness Assessment and Orientation. Based on your results and personal goals, the staff can design an individualized exercise program for you. In addition, we offer group exercise classes, wellness lectures and workshops, incentive programs and contests, and much more!

Please return completed forms to the Fitness Center at M.S. 320-1. If you have any questions call the Fitness Center at 3-6313. Thank you for your interest and we wish you well in your pursuit of a healthier lifestyle.

See you soon!

Fitness Center Staff

**NASA GLENN RESEARCH CENTER  
FITNESS CENTER**

Welcome to the GRC Fitness Center. Taking the initiative to start an exercise program is a positive step towards better health. We wish you the best success in achieving your fitness and health goals.

REQUIREMENTS		FACILITY	
<ul style="list-style-type: none"> <li>Membership: GRC Employees Completion of new membership packet (updated every 3 years)</li> <li>Upon completion of packet, the American College of Sports Medicine (ACSM) guidelines for Exercise Testing &amp; Prescription will be used to determine whether medical clearance is needed before participation.</li> <li>You will be notified if physician approval is needed.</li> <li>Fitness Assessment</li> <li>Orientation to facility</li> </ul>		<ul style="list-style-type: none"> <li>Treadmills</li> <li>Elliptical Trainers</li> <li>Free Weights</li> <li>Monark Bikes</li> <li>Concept II Rowers</li> <li>Group exercise classes</li> <li>Shower &amp; Lockers Available</li> </ul>	<ul style="list-style-type: none"> <li>Lifecycles</li> <li>Stairclimbers</li> <li>Nautilus</li> <li>Airdynes</li> <li>Outdoors:                             <ul style="list-style-type: none"> <li>1 mile track</li> <li>volleyball court</li> <li>soccer &amp; softball fields</li> </ul> </li> </ul>
RULES & REGULATIONS		STAFF	
<ul style="list-style-type: none"> <li>Log-in before workout</li> <li>No smoking</li> <li>No food/drink (water only)</li> <li>Suitable athletic attire (shorts, T-shirt, sweats, socks, shoes)</li> <li>Return weights to proper racks</li> <li>Always spray &amp; wipe off equipment after use</li> <li>Report equipment problems to staff</li> <li>Be respectful of others in the facility</li> <li>Overnight storage in lockers not permitted</li> </ul>		<p>The staff is qualified with the minimum of a Bachelor's degree in Exercise Physiology, or a related field, and is certified by nationally recognized health/fitness organizations.</p>	
EXERCISE PRESCRIPTION & ORIENTATION		HEALTH PROMOTION	
<p><b>With your assessment results, a personal exercise prescription is designed to meet your needs, health concerns and busy schedule. You will receive hands-on instruction on proper use of the equipment according to your program. This program can be revised at any time to meet your changing needs.</b></p> <p><b><a href="http://www.grc.nasa.gov/WWW/OHR/Fitness">www.grc.nasa.gov/WWW/OHR/Fitness</a></b></p>		<p>Seminars, workshops and screenings are provided in collaboration with medical services. Phase III cardiac rehab and physical therapy are available to civil servants.</p>	
		GENERAL INFORMATION	
		<ul style="list-style-type: none"> <li>Location: Bldg. 320 (Next to picnic grounds)</li> <li>Hours: 6:00 a.m. - 7:00 p.m.</li> <li>Days: Monday through Friday</li> <li>Phone: 216-433-6313 Fax: 216-265-8391</li> <li>Mail Stop: 320-1</li> <li>Email: <a href="mailto:nasafit@singhealth.net">nasafit@singhealth.net</a></li> </ul>	

**FITNESS CENTER MEMBERSHIP APPLICATION**

*All information is kept confidential by Singleton Health Services*

Singleton Health Services,L.L.C.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ AGE: \_\_\_\_\_

Sex: M F (Circle One) Civil Servant/ Retiree/ Intern/ Co-Op Contractor: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

PERSONAL MEDICAL HISTORY			
<b>Do you have/have you had:</b>			
• Heart Attack	Y	N	Date _____
• Coronary angioplasty/cardiac surgery	Y	N	Date _____
• Chest pain with exercise	Y	N	
• Shortness of breath on exertion	Y	N	
• Rapid heartbeats/palpitations	Y	N	
• Heart murmur	Y	N	
• High blood pressure	Y	N	Medication? Y N
• Stroke	Y	N	
• Leg pain on exertion	Y	N	
• Asthma/emphysema	Y	N	
• Abnormal cholesterol (over 200)	Y	N	
• Diabetes	Y	N	Type 1 or 2
• Recent hospitalization/surgery	Y	N	Explain: _____
• Back/neck problems	Y	N	Explain: _____
• Hernia	Y	N	
• Seizures	Y	N	
• Allergies	Y	N	
• Smoker	Y	N	#per day _____ Yrs. Smoked _____
• Ex-smoker	Y	N	# Yrs. Quit _____
• Kidney, liver, thyroid disease	Y	N	
• Current pregnancy	Y	N	Due Date: _____
• Alcoholic drinks per day	2+	1-2	0
• Caffeinated drinks per day	2+	1-2	0

Cholesterol: \_\_\_\_\_ HDL: \_\_\_\_\_ Glucose: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Date tested: \_\_\_\_\_

FAMILY HISTORY (PARENTS & SIBLINGS)		PLEASE INDICATE WHICH FAMILY MEMBER (PARENTS & SIBLINGS)	
• Heart attack before the age of 55	Y	N	
• Sudden death before age 55	Y	N	
• Angioplasty/cardiac surgery before age 55	Y	N	
• High blood pressure	Y	N	
• Abnormal cholesterol	Y	N	
• Diabetes	Y	N	

CURRENT MEDICATIONS	PURPOSE

CURRENT EXERCISE PROGRAM			
• Cardiovascular (20 minutes or more per day)	Y	N	Days/week
• Resistance Weight Training	Y	N	Days/week
• Any exercise limitations, if yes, please explain	Y	N	Days/week
• Current body weight (lbs) _____			Height (inches)

### GOALS

- |  |   |
|--|---|
| <input type="checkbox"/> Weight Loss                   | <input type="checkbox"/> Rehab              |
| <input type="checkbox"/> Improve overall health status | <input type="checkbox"/> Healthy back       |
| <input type="checkbox"/> Sport specific conditioning   | <input type="checkbox"/> Quit smoking class |
| <input type="checkbox"/> Muscle building               | <input type="checkbox"/> Body Sculpting     |
| <input type="checkbox"/> Reduce stress/have fun        | <input type="checkbox"/> Flexibility        |
|  | <input type="checkbox"/> Other              |

**I certify that I have completed the Health History Questionnaire, and have provided all information in full.**

\_\_\_\_\_  
Member Signature Date

**Civil Servants: I hereby authorize release of medical records/information pertinent to the Fitness Center.**

\_\_\_\_\_  
Member Signature Date

**THIS INFORMATION IS CONFIDENTIAL. IT WILL BE MAINTAINED BY SINGLETON HEALTH SERVICES STAFF IN A LOCKED FILE IN THE FITNESS CENTER.**